

POSITION	INITIALS /	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/25/02</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>19</i>	<i>8/31/02</i>
FORMALITY REVIEW	<i>RT</i>	<i>515</i>	<i>10-19-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1091</i>	<i>04/17/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>2/3/02</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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